U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2769	2. Fiscal Year Covered From:		
	0/ / 2004 Through: 12/31/2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Richard GREENE	Name LIUNA Loca/#41		
, 	Labor Organization File Number		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 470 E 830 N	Street 6415 Kennedy AD		
city Valparuiso	City Hammond		
State In Digna ZIP Code +4 46383	State Indiana ZIP Code + 4 46323		
5. Position in labor organization.			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Sig	nature		
submitted in this report (including the information contained in any accompan undersigned's knowledge and belief, true, correct, and complete. (See the s	of Perjury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the ection on penalties in the instructions.)		
Signed Richard Greene	On 219-844-1315		
	Date Telephone Number		

Name of Person Filing Kichaed Greene	File Number U-	0/6/	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Indiana Laborers Weltere Fund	y-manual _a		
Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any Box 1587	c. Employer		
Street 43 Swan 57.			
Chy Telle Haute			
State Fadigna ZIP Code +4 47808-1587		,	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Rembulsed Ex	cpease	
Trade Name, if any:	Rembursed Ex	Sea de la company que de la company de la co	
P.O. Box, Bldg., Room No., if any		**************************************	
Street	11.b. Approximate dollar value of such dealing	\$1571.48	
City	12.a. Nature of interest held or income rece		
State			
	12.b. Amount.		
C. Received from any employer (other than an employer covered unde	If plants A aind B above)		
or from any labor relations consultant to an employer any payment of money	or other thing of value. 14.a. Nature of payment.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name		######################################	
Trade Name, if any:		and control of the co	
P.O. Box, Bidg., Room No., if any		ericani marina da marina d	
Street		and the same of th	
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing Richard GREENE		File Number U- 27	69
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwoof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ise dealing with the busines ely seeking to represent, or rectly to, or otherwise	s	
8. Name and address of Business (including trade name, if any). Name Legacy PROTESSIN~a LLP Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite F Street 9301 Calumet Au City Hamman Munster State Indiana ZIP Code +4 46410	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ling.	
Name CONSTRUCTION WORKERS PENSION Trade Name, if any: P.O. Box, Bldg., Room No., if any	Dinner	24 2	i (
Street 2111 W LINCOLN Highway	11.b. Approximate dollar va	lup of such dealing	1/22290
City Merrilloille	12.a. Nature of interest he		Haus
State Indiana ZIP Code + 4 46 4/10			
	12.b. Amount.		
	12.b. Allouit.		
C. Received from any employer (other than an employer community of from any labor retailors consultant to arrespoyer any payment or money	or other thing of value.	- 開発・ア	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).			nem umanosappa
Name			
Trade Name, if any:			nemplaream) to
P.O. Box, Bldg., Room No., if any			The state of the s
Street			
City			sanciagi saakka
State ZiP Code + 4			77.77
	14.b. Amount of payment.		
13.b. Is the Business an Employer or Consultant ?			

Name of Person Filing Kichard GREEN		File Number U-	d167
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name STEWART C. Miller & Co. Jac Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2111 W. Lincoln Highway City Mercilly le State InDigna 2 ZIP Code +4 46410	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ition	
	dd a Natura of such dari	*	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name ONSTRUCTION WORKERS PENSION Trade Name, if any: P.O. Box, Bidg., Room No., if any	11.a. Nature of such deal		
Street 2111 W. LINCOLN Highway		······································	
City Merrelluille	11.b. Approximate dollar val 12.a. Nature of interest he		\$30.98
State Indiana ZIP Code +4 U6 410			
	12.b. Amount.		
C. Received from any employer (other than an employer covered undergot a configuration of from any last or thought and the configuration of the configuratio			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			an approximation of the control of t
Trade Name, if any:	{		
P.O. Box, Bldg., Room No., if any			***
Street			TO AND THE PROPERTY OF THE PRO
Street City			The second secon
Street			
Street City	14.b. Amount of payment.		

Name of Person Filing	File Number U- 276 9		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Segal FRYANT Humill Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 2150 Street 10 S Waker DR City Chicayo State ILLINOIS ZIP Code +4 60606.7407	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name CONSTRUCTION WORKERS PENSION Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 2111 W. LINCOM Highway City Mexhilluille State Indiana ZIP Code + 4 44410	11.a. Nature of such dealing. DINER /6800 DRINKS 7200 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.		
C. Received from any employer (other than an employer covered und	12.b. Amount.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing Richard Greene	File Number U- 2	169		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name McsiRow Financia	9. Business deals with:			
Trade Name, if any:	a. Labor Organization			
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer			
Street 350 N Clark City Chicago				
State ILL ZIP Code +4	er i	· And the second		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name CONSTRUCTION WORKERS PENSION	Sox Tickers 2	133.		
Trade Name, if any:	Food	34.		
P.O. Box, Bldg., Room No., if any				
Street 2111 W. LINCOLN Highway	11.b. Approximate dollar value of such dealing.	#18700		
City Merrillulle	12.a. Nature of interest held or income received			
State Indiana ZIP Code + 4 46410				
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C. Received from any employer (other than an employer covered und				
C. Received from any employer (other than an employer covered und	or parts A and B above)			
C. Received from any employer (other than an employer covered and lebor relations consultant 13.a. Name and address of Employer or Labor Relations Consultant	A CANADA			
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C. Received from any employer (other than an employer covered and lebor relations consultant (including trade name, if any). Name	A CANADA			
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C. Received from any employer (other than an employer covered und labor relations) 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	A CANADA			
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Name of Person Filing Richard Greene	File Number U- 27	69		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Amalgamated Bank it Chicago				
Trade Name, if any:	a. Labor Organization			
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer			
Street ONC W. MonRoc	C. Employer			
chy Chicago	Marine Land			
State TLL ZIP Code +4 60603	the consequence of	A STATE OF THE STA		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	1000		
Name CONSTRUCTION WORKERS PENSION	SOX TICKETS 2 19	4800 35,32		
Trade Name, if any:	7 00 a			
P.O. Box, Bldg., Room No., if any				
Street 2111 W. LINCOLN Highway	11.b. Approximate dollar value of such dealing.	233.32		
City Merrillulle	12.a. Nature of interest held or income received.			
State Indiana ZIP Code+4 46410				
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	12.b. Amount.			
C. Received from any employer (other than an employer covered und		The state of the s		
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any labor relations consultant to	er parts A and B above)			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	er parts A and B above)	The state of the s		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	er parts A and B above)			
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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bkdg., Room No., if any Street	er parts A and B above)			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bkdg., Room No., if any	er parts A and B above)			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bklg., Room No., if any Street City	er parts A and B above)			

Name of Person Filing Richard Greene	File Number U- 276 9			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Amalgamatch Bank of Chicago Trade Name, if any: P.O. Box, Bldg., Room No., if any Street One W. Monkoe City Chicago State The construction Workers Pension Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Quil W. Lincoln Highway City McKellville	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. Business meetings 1-9-04 40.60 5-4-04 28.67 9-21-04 88.56 10-5-04 73.09 11.b. Approximate dollar value of such dealing.			
State Inflana ZIP Code + 4 46410	12.a. Nature of interest held or income received.			
C. Received from any employer (other than an employer covered und	(or nade A and P ahous)			
	14.a. Nature of payment.			
Name Trade Name, if any:				
P.O. Box, Bldg., Room No., if any Street City				
State ZIP Code + 4				

P.O. Box, Bldg., Room No., if any	Member Fee	250.00	
Street	11.b. Approximate dollar value of such dealing.	278.88	
	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name		all the second of the second o	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
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State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		
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Form LM-30 (2003)